Name in Full: Mrs Elida R Bithard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingston — County: Somerset

Date of death: Month: March — Day: 31 — 1904

Age: Years: 48 — Months — Days

Sex: Female — Color or Race: Anglo Saxon — Birthplace: Kingston

Occupation: Housewife — Where Residing if not at place of death: Kingston

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband: Daniel Bithard

Father's Name: David Bozman — Father's Birthplace: Md

Mother's Maiden Name: Esther Ann X — Mother's Birthplace: Md

Name of person giving Information: Daniel Bithard — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Heart failure — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. A. Edwards M.D.

Address: Pocomoke City

~~Accident or Suicide?~~

LIBRARY BUREAU A80816

Name in Full: Shekard Bivan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: March; Day: 11

Age: Years: 75; Months: —; Days: —

Sex: Male

Color or Race: Black

Birthplace: —

Married, Single or Widowed: Widower

Occupation: Laborer

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: —

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La grippe.

How long: 6 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md.

Accident or Suicide?

LIBRARY BUREAU A6651G

Name in Full: Mason Boston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Punchon Landing; County: Somerset

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	March	5	Age 65		

Sex: Male

Color or Race: Colored

Birthplace: Somerset Co

Occupation: Farmer

Where Residing if not at place of death: Punchon Landing

Married, Single or Widowed: Widower

Name of Wife or Husband: —

Father's Name: George Boston

Father's Birthplace: Somerset Co

Mother's Maiden Name: Dont Know

Mother's Birthplace: " "

Name of person giving Imformation: Jno Enid

How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: A few hours

Immediate: Angina Pectoris — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml A Linn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Annie Bozman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: March — Day: 27th — Age: Years: 32 — Months: — — Days:

Sex: Female — Color or Race: White — Birthplace: Somerset Co.

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Emory Bozman

Father's Name: William Dise — Father's Birthplace: Somerset Co.

Mother's Maiden Name: Rebecca Sadler — Mother's Birthplace: Somerset Co.

Name of person giving information: Emory Bozman — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: apoplexy — How long: 1 week

Immediate: Coma — How long: Short

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. J. Windsor, M.D.

Address: Dames Quarter, Somerset Co., Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Mrs Christina Chamberlain

Certificate of Death

Died at Westover (Town) Somerset (County) MARYLAND

Date 1904 Month 3 Day 8 | Age Y. 72 M. 2 D. 4 | Native of New York | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living ~~4~~ 5

~~Husband~~ Wife of John Chamberlain

Father's Name Unknown | Mother's Maiden Name Rockwell

Cause of Death { Primary Uraemia 1 28 | Immediate Coma }

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by Chas. W. Wainwright

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 7989

Name in Full: Mary E Church

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Kingston

County: Somerset

Date of death 1904 Month: 3 Day: 15

Age Years: 7 Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Somerset Co

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Robert Green

Father's Birthplace: Somerset Co

Mother's Maiden Name: Lilly Church

Mother's Birthplace: " "

Name of person giving information: Alex Church

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enlarged Head

How long: 7 years

Immediate: Same

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Alex Church

Address: Kingston Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Mary Keane

Town | County

Died at Princess Anne, Somerset County MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 3 1 | Age | Som. Co. | Housework

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children living~~

Husband of —

Wife

Father's Name Elijah Keane

Mother's Name Jane Ballard

Cause of Death — Primary: Cardiac Asthma

How long sick: 1 week

Immediate: Asthma

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Accident, Suicide, Homicide

Reported by Chas. F. Fisher, M.D.

Address Princess Anne, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full: Robert G Dougherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tulls Corner; County: Somerset

Date of death 190 4: Month: 3; Day: 20

Age: Years: 76; Months: 3; Days: —

Sex: Male

Color or Race: White

Birthplace: Somerset Co Md

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife ~~Husband~~: Mary E Dougherty

Father's Name: Joshua Dougherty

Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Rittie Stevenson

Mother's Birthplace: " " "

Name of person giving Information: Ira Hall

How related to deceased: Adopted Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 9 Days

Immediate: General debility — How long: 3 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr C C Ward

Address: Crisfield Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8931G

Name in Full

Certificate of Death

Elizabeth Fooks

Died at Town: Irdp County: Somerset Md MARYLAND

Date 19 64 Month: maved 19 Day | Age Y. 67 M. D. | Native of: united sta Occupation: Lower Wife

Male / Female: female | White / Colored: White | Married / Single: Widow | Widow / Widower | Divorced | Number of children living: 2

Husbend / Wife of: Johan Fooks

Father's Name: Marcelous Gaily

Mother's Maiden Name: Elizabeth Gosly

Cause of Death — Primary | Immediate: Dropsy

How long sick: 3 weaks

Accident, Suicide, Homicide

Reported by: Wiliam Fooks

Address: Dr D W Paul undertaker Princess Anne

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister. Dale Goodrich

LIBRARY BUREAU, 7988

Name in Full: Charles E Gunby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion; County: Somerset

Date of death 1904: Month: March; Day: 24; Age: Years: 50.; Months: 6; Days: —

Sex: Male; Color or Race: White; Birthplace: Marion Md

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Emma J. Gunby

Father's Name: Elisha J Gunby; Father's Birthplace: Marion Md

Mother's Maiden Name: Annie Coston; Mother's Birthplace: Somerset Co Md

Name of person giving Information: —; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pleurisy; How long: 8 days

Immediate: Heart failure; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md.

Accident or Suicide?

LIBRARY BUREAU A2851G

Name in Full

Certificate of Death

Silvester Harrington

Town: Mt Savage County: Garrett Co Md MARYLAND

Died at

Date 1904 March 15 Age: Month Day | Y. 6 M. D. mon Native of: united st Occupation

Male White ~~Married~~ Widow Divorced

Female Male Colored Wht Single Widower Number of children living

Husband of

Wife

Father's Name: Francis Harrington Mother's Maiden Name: Isidora Pritchett

Cause of Death — Primary: Pneumonia How long sick: 3 Weeks

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: Francis Harrington

Address: Dal Foxhill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Charles Horsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hopewell — County: Somerset

Date of death 190 4: Month: March — Day: 30

Age: Years: 30 — Months — Days

Sex: Male

Color or Race: Black

Birthplace: Hopewell Md

Married, Single or Widowed: Single

Occupation: none

Name of Wife or Husband: X

Father's Name: Ambrose Horsey

Father's Birthplace: Hopewell Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pleurisy — How long: 2 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: George Johnson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edwin — County: Somerset

Date of death: Month: March — Day: 4 — Year: 1904

Age: Years: 70 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: In Va.

Occupation: Laborer — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: M — Name of Wife or Husband: Ellen Johnson

Father's Name: Dont know — Father's Birthplace: —

Mother's Maiden Name: Dont know — Mother's Birthplace: —

Name of person giving Information: John Robinson — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: 3 Months

Immediate: ~ — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66618

Name in Full: Elizabeth Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: March — Day: 2nd — Years: Age 16 — Months: 9 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co.

Married, Single or Widowed: Married — Occupation: Housework

Name of ~~Wife or~~ Husband: Edgar Jones

Father's Name: Wilbur Jones — Father's Birthplace: Somerset Co

Mother's Maiden Name: Josephine Fields — Mother's Birthplace: Somerset Co

Name of person giving In formation: Edgar Jones — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 mos.

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Saunders M.D.

Address: Dames Quarter, Somerset Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A8893

Name in Full: Pearl L. F. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chance — County: Somerset

Date of death 1904 — Month: March — Day: 10th — Age: Years: 1 — Months: 6 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Horace Jones — Father's Birthplace: Somerset Co.

Mother's Maiden Name: Rose Watkins — Mother's Birthplace: Somerset Co.

Name of person giving Information: Horace Jones — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carbolic Acid Poisoning — How long: 1 day

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. J. Trader, M.D.

Address: Dames Quarter, Somerset Co., Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A8851G

Name in Full: Mary Leatherbury

CERTIFICATE OF DEATH

Died at — Town: Mt Vernon — County: Somerset — MARYLAND

Date of death: 1904 — Month: 3 — Day: 24 — Age: Years 20 — Months — Days

Sex: Woman — Color or Race: Black — Birthplace: Pokomoke wood

Occupation: house Wife — Where Residing if not at place of death: Mt vernon

Married, Single or Widowed: married — Name of Wife or Husband: Edon Leatherbury

Father's Name: George Sutter — Father's Birthplace: Mt vernon

Mother's Maiden Name: Sarah Sutter — Mother's Birthplace: Mt vernon

Name of person giving Imformation: Edon Leatherbury — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 6 months

Immediate — How long

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Dale Darnell

Accident or Suicide?

Signature of Physician

Address: under taker

Mt Vernon, Md

LIBRARY BUREAU AB6016

Name in Full

Certificate of Death

Neal Monroe

Died at Town Mt Pleasant County Somerset. MARYLAND

Date 1904 Month 3 Day 22 | Age Y. 62 M. D. | Native of Connecticut | Occupation Waterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Hester A Monroe

Father's Name

Mother's Maiden Name

Cause of Death: Primary General Debility — How long sick 3 Months

Immediate

Accident, Suicide, Homicide

Reported by Hester A Monroe wife & Dale Dashiell Executor

Address Route #2 Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Pew

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: Mch — Day: 17 — Age — Years: 38 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: North Carolina

Married, Single or Widowed: married — Occupation: Deckhand on Steamer

Name of Wife or Husband: Jane Pew

Father's Name: don't know — Father's Birthplace

Mother's Maiden Name: " " — Mother's Birthplace

Name of person giving Information: Isaac Fields — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury — How long

Immediate: Intestinal Obstruction — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C E Collins

Address: Crisfield

Accident ~~or Suicide~~? Injury probably accident

LIBRARY BUREAU A82510

Name in Full: Robert - I Saulsbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dublin District - County: Somerset -

Date of death 1904: Month: March; Day: 2; Age: Years: 73; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Granger Ohio

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Wm S Saulsbury; Father's Birthplace: New York

Mother's Maiden Name: Mary Cordrey; Mother's Birthplace: Ohio

Name of person giving information: Robt Saulsbury; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy; How long: a few

Immediate: Paralysis; How long: Hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml T Quinn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Edna Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Crisfield County: Somerset

Date of death 1904 Month: Mar. Day: 13 Years: Age 26 Months: Days:

Sex: Female Color or Race: White Birth-place: Crisfield

Married, Single or Widowed: Married Occupation: Housewife

Name ~~of Wife or~~ Husband: Wesley Sterling

Father's Name: Fletcher Lawson Father's Birthplace: Crisfield

Mother's Maiden Name: Annie F. Bradshaw Mother's Birthplace:

Name of person giving In formation: Wesley Sterling How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: about one

Immediate: How long: Year

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: There was no Physician in attendance as she had lately returned from Hospital

Address: [redacted]

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: James K. Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lawsonia County: Somerset

Date of death 1904: Month: Mar Day: 15 Age: Years: 64 Months: Days: 24

Sex: Male Color or Race: White Birthplace: Somerset Co.

Married, Single or Widowed: Married Occupation: Oysterman

Name of Wife or ~~Husband~~: Harriet Sterling

Father's Name: Ephraim Sterling Father's Birthplace: Md.

Mother's Maiden Name: Charlotte Sterling Mother's Birthplace: "

Name of person giving Information: W. J. Sterling How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease How long: one year

Immediate: Dropsy How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Crisfield, Md

Accident or Suicide? No

LIBRARY BUREAU A66216

Name in Full: Wm Clark Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield Md — County: Somerset

Date of death 1904: Month: March — Day: 8th — Age: Years: Ninety three — Months: three — Days: Eight

Sex: male — Color or Race: White (American) — Birthplace: Lawsonia,

Married, Single or Widowed: Widowed — Occupation: formerly Merchant

Name of Wife or Husband: —

Father's Name: William Sterling — Father's Birthplace: Lawsonia Md

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: John E Sterling — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Softening of brain — How long: one year

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A63316

CERTIFICATE OF DEATH

MARYLAND

Name in Full Annie Webster

Died at Town: Deals Island — County: Somerset

Date of death 1904 Month: March — Day: 11

Age Years: 2 — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Geo. E. Webster — Father's Birthplace: Md

Mother's Maiden Name: Rosa Horner — Mother's Birthplace: Md

Name of person giving information: Geo. E. Webster — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 18 days.

Immediate: Asthenia — How long: 3 or 4 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. G. Alexander

Address: Deals Island

Somerset Co.

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: Mary F Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marion — County: Somerset

Date of death 190 4 — Month: 3 — Day: 1 — Age — Years: 28 — Months: — Days: —

Sex: Female — Color or Race: Black — Birth-place: Virginia

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Revel Whittington

Father's Name: Dont Know — Father's Birthplace: Virginia

Mother's Maiden Name: Sarah Drummond — Mother's Birthplace: "

Name of person giving In formation: Revel Whittington — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Childs birth — How long: One day

Immediete: Cowed not delived, — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physicien: Hester Richardson MD

Address: Tall's Corner Md

Accident or Suicide?

LIBRARY BUREAU A88816

Full

Cesthus Williams

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Elms House — County: Somerset

Date of death 1904: Month: March — Day: 18

Age: Years: 7 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Geo C. Brumbley — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. F. Smith M.D.

Address: Princess Md

Accident or Suicide?

LIBRARY BUREAU A38316

Name in Full: Marian Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingston — County: Somerset

Date of death 1904: Month: March — Day: 26 — Years: Age 83 — Months — Days: 20

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Kingston Md

Married, Single or Widowed — Name of Wife or Husband: Aaron Williams

Father's Name: Davis Brown — Father's Birthplace: Davis Brown

Mother's Maiden Name: Sarah Coltman — Mother's Birthplace: Somerset Co

Name of person giving Imformation: Lambert Williams — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities incident to old age — How long: 1 year

Immediate: Same as above — How long:

Are the name, age, sex, color date and place correctly given above? Yes

Signature of Physician: F. A. Adams M D

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A83516